U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-3(-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13217	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name ANNE PARRISH	Name NEW YORK STATE NURSES ASSOC			
	Labor Organization File Number 038-970			
P.O. Box, Bldg., Room No., if ary	P.O. Box, Building and Room Number, if any			
Street. 871; DANA AVE	Street 11 CORNELL RD			
City NORTH VALLEY STREAM	City LATHAM			
State New York ZIP Code + 4 11580	Stale New York ZIP Code + 4 12110			
5. Position in labor organization. SENTOR ASSOC DIRECTOR: EGW				
The state of the s				
Enter appropriate data below If, during the past fiscal year, you or your spo	use or minor child directly or indirectly had any of the following interests			
(except as specified in the excl	usions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street	,			
City				
10 10 10 10 10 10 10 10 10 10 10 10 10 1	1.			
State ZIP Code + 4	And the second of the second o			
SATISTIC FOR STREET OF STR				
15. Signature and vorification. The undersigned declares, under penalty of Perjury and other applicable cenalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the sundersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Harrish	on 8/15/08 212 1850157			
C V 12 E 22 A 27 T 1	, / Date/ Telephone Number			
Form ( M-30 (2003)				

Name of Person Filing ANNE PARRISH	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name NA  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.  NA			
	12.b. Amount.			
	12.5. Allount,			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any).	Travel Reimbursements			
Name NYSNA Benefits				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any PO BCX 12340				
Street				
City ALBANY				
State   New York   ZIP Code + 4   12212-2430				
	14.b. Amount of payment.			
13.b. Is the Business an Employer  or Consultant ?		\$261		

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Name of Person Filing ANNE PARRISH		File Number <b>U</b> -		
Part C Continuation Page				
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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name NYSNA PENSION	Travel Reimburseme	ents		
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any PO BOX 12340				
Street				
City ALBANY				
State New York ZIP Code + 4 12212-2430		- No. 1 - No. 2 - No.		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	\$261		
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